

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement of \$1,365.66 for date of service 01/25/01.
 - b. The request was received on 01/22/01.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Statement of Disputed Services
 - b. HCFA(s)-1450
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Notarized Affidavits by the M.D. performing the surgery and his office manager
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Medical Audit summary
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier 06/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/01/02. The response from the insurance carrier was received in the Division on 07/15/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Undated STATEMENT OF DISPUTED SERVICES:

"Dr...tried to preauthorize this surgery by leaving numerous messages for the carrier's representative and faxed two requests...to the carrier but no calls or response was received. To minimize the risk of infection, Dr...proceeded with the surgery....On January 30, 2001, ...with (Provider) spoke with..., adjuster to preauthorize. She told him that no preauthorization...was required because Dr. declared

this emergency surgery. His office; [sic] however, had sent in a request for a preauthorization number but it had not yet been assigned....The charges of (Provider) should be retroactively preauthorized and paid based on the emergent nature of (Claimant's) arm's condition."

2. Respondent: Letter dated 07/12/02:
"...carrier's denial of payment for date of service 01/25/01 for hospital stay that was not preauthorized and that was **NOT** an emergency....The requester did not document an emergency that was life threatening as required by the Rule. The requester did not document an emergency as defined in TWCC Rule 133.1(a)(7).... The carrier reviewed the disputed issue and maintained the denial."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/25/01.
2. Per the TWCC 60, the provider billed \$1,365.66 for services rendered on disputed date of service, 01/25/01.
3. The carrier did not reimburse the provider any monies for the disputed date of service.
4. The carrier denied reimbursement for the disputed date of service by TWCC-62 denial code, "A – PREAUTHORIZATION REQUIRED BUT NOT OBTAINED."
5. The amount in dispute, per the TWCC-62 is \$1,365.66.
6. A medical audit dated 05/15/01 states, "Preauthorization was not obtained as required by TWCC Rule 134.600 for the outpatient stay....The documentation on file and submitted does not support services performed on an emergency basis."

V. RATIONALE

Medical Review Division's rationale:

The provider submitted documentation indicating attempts to attain preauthorization. The date of injury was listed as ____ and the date of surgery as _____. The time span between the injury and the surgery was 13 days. According to Rule 134.600 (h) (1), "The health care treatments and services requiring pre-authorization are: all non-emergency hospitalization, ambulatory surgical center care, and transfers between facilities."

In the "HISTORY AND PHYSICAL" dated 01/25/01, the "PHYSICAL EXAM: GENERAL" reported "This is a 26 y/o male who is in no discomfort...HEENT: Normal...NEURO: Normal...EXTREMITIES:...Normal except for a small laceration, <1 cm long, in the right forearm. No erythema...IMPRESSION: Foreign body in right forearm..." The operative report dated 01/25/01 states, "...the metal fragment was found and removed without difficulty and the incision was closed with 5-0 PDS suture. Dressing was placed, and patient was taken from the OR in good condition."

Rule 133.1 (a) (7) states, “(A) a medical emergency consists of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient’s health and /or bodily functions in serious jeopardy; and/or serious dysfunction of any body organ or part.”

Medical documentation does not support that the claimant was in distress nor does it indicate that the wound was showing signs or symptoms of infection. The medical documentation does not meet the definition of “medical emergency” as listed in Rule 133.1 (a) (7). Therefore, medical documentation does not support that emergency surgery was indicated. Preauthorization should have been obtained prior to the surgery. No reimbursement is recommended.

The above Findings and Decision are hereby issued this 7th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director